DOCUMENT INVENTORY FORM - ETS

Name: ———

TERM ~~Department:~~ CM

CM Office Location: —

Tel. Extension: —

Please provide estimates of ETS related records in each of the following:

Subject/Category	Record Type	Quantity	Location ROOM	FORM OF STORAGE ~~Medium~~	Time Period
—	DIAGRAMS	—	—	—	
	DOCUMENTATION	1	R 415	BOO	
	PIF	2	R 414 / 415	BIN	
	PROTOCOLS	5	R 415	BOO	
	RAW DATA	44 7	R414/415/416 Flrs R 416 / Flrs	BIN TAP	
	REPORTS	2	R 415	BOO	

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